ARIZONA FORM **A1-R** 

## **Arizona Withholding Reconciliation Tax Return**

2002

For the calendar year 2002

| Mail to: Arizona De     | enartment of Revenue     | PO Box 29009    | Phoenix AZ 85038-9009        |
|-------------------------|--------------------------|-----------------|------------------------------|
| IVIAII to. / tilzona be | partificint of recycline | , I O DOX 20000 | , I 1100111X / 12 00000 0000 |

|                  |  |   |   |   | P/M                        |  |  |
|------------------|--|---|---|---|----------------------------|--|--|
|                  |  | Name  |   |   | Check one: Original return |  |  |
| Ple              | ase  | Numbero   |   |   |                            | Amended return                         |  |
| Type or<br>Print |  | Number a  | Number and street   |   |                            | State withholding number               |  |
|                  |  | City or tov   | City or town, state, and ZIP code   |   |                            | Federal employer identification number |  |
|                  |  |   | Ouarterly F   | Reconciliation for 2002   |                            |  |  |
|                  |  |   | Arizona Withholding Tax   | Arizona Withholding Tax   | Δrizon                     | a Tax Withheld for                     |  |
|                  |  |   | Liability From 2002 Forms   | Payments Made for 2002  |                            | 2002 per Forms W-2,                    |  |
|                  |  |   | A1-QRT or A1-QRT(EZ), Line Z  | Forms A1-QRT or A1-QRT(EZ)  | I                          | W-2c, W-2G, and 1099-R                 |  |
|                  |  |   | (a)   | (b)   | ·                          | (c)                                    |  |
| 1                | 1st qu   | uarter  |   |   |                            |  |  |
| 2                | 2nd q  | uarter  |   |   |                            |  |  |
| 3                | 3rd qu   | uarter  |   |   |                            |  |  |
| 4                | 4th qu   |   |   |   |                            |  |  |
| 5                | Total  |   |   |   |                            |  |  |
|                  | I Ulai   |   |   |   |                            |  |  |
| If y             | es, go to<br>o, detern<br>(a) If th<br>corn<br>(b) If th | question 2<br>nine whethene amount in<br>rected Fornine amount in | er the amount entered in column (a) is correct on<br>n column (a) is correct, issue Forms W-2c or co<br>ns W-2G and 1099-R to this return. Now go to q<br>n column (c) is correct, file amended Forms A1- | r the amount in column (c) is correct.<br>prected Forms W-2G and 1099-R to the aff<br>question 2. |                            |  |  |
|                  |  | _   | o to question 2.  |   |                            |  |  |
| If y             | es, go to  | line 8 if you   | amounts in columns (a) and (b) of line 5 identical answered no to question 1 and situation (a) are repayment of tax for 2002 based on the amend   | oplies. If you answered no to question 1 an   |                            | es, determine the amount of            |  |
| lf n             | <b>o</b> , enter t                                       | the total am  | ount of the underpayment for the affected caler<br>d on the following situations.   |   |                            | for the affected calendar              |  |
|                  |  |   | d yes to question 1 or if you answered no and s   |   | of the underpaymer         | nt or overpayment of tax               |  |
|                  |  |   | amended Forms A1-QRT or A1-QRT(EZ) for the  | ·   |                            |  |  |
|                  |  |   | d no to question 1 and situation (b) applies, det QRT(EZ) total liability (line Z).   | ermine the underpayment or overpayment  | of tax for 2002 base       | ed on the amended Forms                |  |
| D(               | O NOT S<br>lendar q                                      | SUBMIT A P.<br>uarters. Re  | A for 2002 - Enter the total amount of the underpayment WITH THIS RETURN. File amended I mit a separate payment with each amended Foralties and shall be subject to interest. See instruction             | Forms A1-QRT or A1-QRT(EZ for the affecting A1-QRT or A1-QRT(EZ). An underpaym                    | ted<br>nent                | 6                                      |  |
| , O              | /erpaym  | nent of tax   | for 2002 - Enter the total amount of the overpay  | yment of tax for 2002 as determined above   | ).                         |  |  |
|                  |  |   | A1-QRT or A1-QRT(EZ) for the affected calenda   |   |                            |  |  |
| af               | er vour a  | amended F   | orms A1-QRT or A1-QRT(F7) are processed an  | nd your payments are confirmed. See instru  | ıctions                    | 7                                      |  |

## AZ Form A1-R (2002) Page 2

| Fed                    | eral Form Transmittal Information for an Original Fo                     | orm A1-R   |                           |  |  |
|------------------------|--|--|---------------------------|--|--|
| 8 Number               | of Arizona employees in 2002   |  | 8                         |  |  |
| 9 Total wa             | ges paid to Arizona employees for 2002                                   |  | 9                         |  |  |
| 10 Number              | of federal Forms W-2, W-2c, W-2G, and 1099-R submitted                   |  |                           |  |  |
| Ame                    | ended Federal Form Transmittal Information for an                        | Amended Form A1-R                                |                           |  |  |
| 11 Number              | 11 Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted         |  |                           |  |  |
| 12 Gross Ai            | rizona wage change   |  | 12                        |  |  |
| 13 Gross ch            | nange in amount of Arizona income tax withheld                           |  |                           |  |  |
| Explain wh             | y an amended Form A1-R is being filed:                                   |  |                           |  |  |
|                        |  |  |                           |  |  |
|                        |  |  |                           |  |  |
|                        |  |  |                           |  |  |
|                        |  |  |                           |  |  |
|                        |  |  |                           |  |  |
|                        |  |  |                           |  |  |
|                        |  |  |                           |  |  |
|                        |  |  |                           |  |  |
| der penalties o        | f perjury, I declare that I have examined this return and to the best of | f my knowledge and belief, it is a true, complet | e and correct return.     |  |  |
|                        |  | 1  |                           |  |  |
| Please<br>Sign Here    | Signature  | Date   | Business telephone number |  |  |
| Paid                   |  |  | ( )                       |  |  |
| Preparer's<br>Use Only | Preparer's signature   | Date   | Business telephone number |  |  |
|                        | Firm's name (or preparer's, if self-employed)                            |  | Preparer's TIN            |  |  |
|                        | Firm's address   |  | Zin code                  |  |  |
|                        | FILLIES ACCURAGE   |  | ZIO COOR                  |  |  |